

Case Number:	CM15-0198840		
Date Assigned:	10/14/2015	Date of Injury:	12/01/2010
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury on 12-1-2010. Medical records indicate the worker is undergoing treatment for chronic cervical spine pain and left shoulder arthritis post 2 surgeries. A recent progress report dated 9-3-2015, reported the injured worker complained of left shoulder pain, aching, deformity, swelling and tenderness, rated 8 out of 10 and cervical pain rated 7-8 out of 10. Physical examination revealed cervical tenderness and para spinous spasm with "decreased range of motion". Cervical magnetic resonance imaging showed cervical 5-6 disc herniation and a slight para central protrusion at cervical 6-7. Treatment to date has included left shoulder surgery x2, cervical epidural steroid injection, physical therapy, Zanaflex, Vicodin, Cymbalta (since at least 6-9-2014), Duragesic patch (since at least 7-18-2014) and Neurontin (since at least 7-18-2014). On 9-3-2015, the Request for Authorization requested Cymbalta 60mg #90 with 3 refills, Duragesic patch 25mcg per hour-1 patch every 3 days-#10 and Neurontin 300mg #180 with 3 refills. On 9-11-2015, the Utilization Review non-certified the request for Cymbalta 60mg #90 with 3 refills, Duragesic patch 25mcg per hour-1 patch every 3 days-#10 and Neurontin 300mg #180 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 60mg orally every day, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered to support its continued use with 3 refills. The Cymbalta 60mg orally every day, #90 with 3 refills is not medically necessary and appropriate.

Duragesic patch 25mcg/hr 72 hour, 1 patch to skin every 3 days, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Fentanyl is an ultra-potent opioid, specifically cited as not recommended noting no research-based pharmacological or clinical reason to prescribe for trans-dermal fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status for this chronic 2010 injury. There is no evidence presented of random drug testing or utilization of pain contract to

adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Duragesic patch 25mcg/hr 72 hour, 1 patch to skin every 3 days, #10 is not medically necessary and appropriate.

Neurontin 300mg, 1-2 capsules orally three times daily, #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2010 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and functional status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Neurontin 300mg, 1-2 capsules orally three times daily, #180 with 3 refills is not medically necessary and appropriate.